MAINE INTEGRATED HEALTH MANAGEMENT SOLUTION
ENROLLMENT CHECKLIST FOR INDIVIDUAL PROVIDERS

Part A. Definition

An <u>individual provider</u> is a provider that owns and operates his or her own practice or otherwise provides healthcare services under his or her Social Security Number and a Type 1 Individual NPI. An individual provider may associate to other entities as a <u>rendering provider</u>. An individual provider employed by an organization will be re-enrolled by that organization as a rendering provider when required by MaineCare policy.

Note that an <u>incorporated individual provider</u> must obtain a Type 2 Organizational NPI in addition to a Type 1 Individual NPI. An incorporated individual provider is considered to be a provider group for this enrollment and must enroll as a Group, using both NPIs. Incorporated individuals must use the Maine Integrated Health Management Solution Provider Enrollment Form MIHMS-PF-0002 or the online enrollment process by selecting Type 2 Incorporated Individual.

Part B. Checklist

When enrolling an individual provider, it will be useful to have the following information, forms, and other documents on hand:

☐ For the pay-to provider:

- NPI

- Tax ID—Social Security Number (SSN), name, title, and email address of the office contact person

- Phone numbers—primary (required), secondary, emergency, mobile, and fax

- A copy of the provider's W-9 form

- Copy of a cancelled check or bank letter to meet the requirements for Electronic Funds Transfer enrollment (if applicable)

- Signed and dated EFT Agreement document (if applicable)

☐ For the owner:

- Name and address information

- Information regarding sanctions, exclusions, or convictions

- Information regarding participation in other organizations that bill Medicaid for services

- Information regarding the owner with respect to certain legal situations

☐ For service locations:

- The physical and mailing addresses of the provider's service location(s)

- For re-enrolling providers only—the current MeCMS ID assigned to the provider's service location(s)

- A list of any languages spoken by the provider and his or her staff, in addition to English

- General information about each service location, such as accessibility, office hours, whether the service location is accepting new patients, and the age range and gender restriction for patients

- The provider type/specialty pairs that represent the provider's practice, as well as all licensing and certification documents for those provider type/specialty pairs

- Information about participation in MaineCare programs, including specifics for the Primary Care Case Management program, if applicable

☐ For Individuals operating as an organization (group or facility/agency) with rendering providers:

- Each rendering provider's NPI, name, address, gender, phone number, and fax number

- The provider type/specialty pairs that represent the provider's practice, as well as all licensing and certification documents for those provider type/specialty pairs

- Information about participation in the Primary Care Case Management program, if applicable

- A list of the service locations to which the provider is affiliated